

COPY UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Title of Action

Your name Leonides Lamberty *05cv227*
plaintiff Civil Action No.

Complaint

Defendant(s) Joel Rosenberg

RECEIVED-CLEERK
U.S. DISTRICT COURT
JAN 13 P 2 37

Take your (plaintiff) name and address Leonides Lamberty
500 N 47th Street #1102
Camden NJ 08102

State name and address of all Defendants.

Jurisdiction

A short plain statement of the grounds upon which the court's jurisdiction depends.

Cause of Action

Make a short plain statement setting forth the fact of your case.

I was involved in a automobile accident and my attorney Joel Rosenberg didn't settle my case. DEMAND state briefly exactly what you want the court to do for me. I want the court to take a final step on my case and I want to settle this case once and for all.

Powerful Protection

Name of Court:

COPY
UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

RECEIVED-CLERK
U.S. DISTRICT COURT

2005 JAN 13 P 2:37

Title of Action:

Your Name, Leonardo Lamberty

Plaintiff,

Civil Action No.

(To be supplied by the Court)

-vs-

The title must include
all defendants,

COMPLAINT

Defendant(s). Joel Rosenberg

PARTIES

State your (Plaintiff) name and address. Leonardo Lamberty

500 NO. 7th St Apt#110
Camden NJ 08102

State names and addresses of all Defendants.

JURISDICTION

A short plain statement of the grounds upon which the court's jurisdiction depends.

CAUSE OF ACTION

Make a short plain statement setting forth the facts of your case.

I was involved in a automobile accident and my attorney Joel Rosenberg
didn't settle my case.

DEMAND

State briefly exactly what you want the court to do for you.

I want the court to take a final step on my case
as I want to settle this case once and for all.

(Signature of Plaintiff)

FORMAT FOR A COMPLAINT

Do not submit this form. This is to be used as a Guide only.

Leonides Lamberty 856-338-1345



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial Law Division - Civil Part pleadings (not motions) under Rule 4:5-1.

Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed or if attorney's signature is not affixed.

FOR USE BY CLERK'S OFFICE ONLY

PAYMENT TYPE: CK CG CA

CHG / CK NO. _____

AMOUNT: _____

OVERPAYMENT: _____

BATCH NUMBER: _____

ATTORNEY/PROSE NAME Leonedis Lamberty	TELEPHONE NUMBER (856) 338-1345	COUNTY OF VENUE Camden
FIRM NAME (if applicable) N/A		DOCKET NUMBER (when available) N/A
OFFICE ADDRESS 500 N. 7th St. Apt. 1102 Camden NJ 08102		DOCUMENT TYPE Complaint
NAME OF PARTY (e.g., John Doe, Plaintiff) Leonedis Lamberty, Plaintiff, Pro Se	CAPTION vs. Joel R. Rosenberg, P.C.	JURY DEMAND <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CASE TYPE NUMBER (See reverse side for listing) 607	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	RECEIVED-CLERK U.S. DISTRICT COURT JAN 13 2005
RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, LIST DOCKET NUMBERS N/A	2 3
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF DEFENDANT: PRIMARY INSURANCE COMPANY, IF KNOWN <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN	

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION					
A. DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP?		IF YES, IS THAT RELATIONSHIP		EMPLOYER-EMPLOYEE <input type="checkbox"/> FRIEND / NEIGHBOR <input type="checkbox"/> OTHER (explain) _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FAMILIAL <input checked="" type="checkbox"/> BUSINESS			
B. DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION:					

DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION: cannot sit for long periods of time
WILL AN INTERPRETER BE NEEDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOR WHAT LANGUAGE: Spanish
ATTORNEY SIGNATURE 	
9/23/04	

SIDE 2

CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial pleadings (not motions) under Rule 4:5-1

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I — 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 399 REAL PROPERTY
- 502 BOOK ACCOUNT
- 503 COMMERCIAL TRANSACTION
- 505 OTHER INSURANCE CLAIM (INCLUDING DECLARATORY JUDGMENT ACTIONS)
- 506 PIP COVERAGE
- 510 UM or UIM CLAIM
- 511 ACTION ON NEGOTIABLE INSTRUMENT
- 599 CONTRACT
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (SUMMARY ACTION)

Track II — 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 602 ASSAULT AND BATTERY
- 603 AUTO NEGLIGENCE - PERSONAL INJURY
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE - PROPERTY DAMAGE
- 699 TORT - OTHER

Track III — 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607² PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES

Track IV — Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL COVERAGE LITIGATION
- 234 FRT PLYWOOD LITIGATION
- 245 ACTIONS UNDER FEDERAL Y2K ACT
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 613 REPETITIVE STRESS SYNDROME
- 701 ACTIONS IN LIEU OF PREROGATIVE WRIT

Mass Tort (Track IV)

- | | |
|----------------|--------------------------|
| 240 DIET DRUG | 601 ASBESTOS |
| 241 TOBACCO | 612 BLOOD-CLOTTING SERUM |
| 243 LATEX | 702 LEAD PAINT |
| 246 REZULIN | |
| 247 PROPULSID | |
| 248 CIBA GEIGY | |
| 264 PPA | |

999 OTHER (Briefly describe nature of action) _____

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Leonedis Lamberty

Plaintiff's Name

500 N. 7th St. Apt. 1102

Address

Camden, NJ. 08102

City, State, and Zip

(866) 338-1345

Phone Number

Leonedis Lamberty

Plaintiff

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION OR CHANCERY DIVISION
CAMDEN VICINAGE

vs.

DOCKET NO. _____

Joel R. Rosenberg

Defendant

CIVIL ACTION
COMPLAINT

The Plaintiff, Leonedis Lamberty, residing at 500 N. 7th St Apt. 1102 in the City of Camden, State of New Jersey, complaining of defendant, states as follows:

COUNT I

1. On March, 2001, Defendant, Joel R. Rosenberg, agreed to represent me on my accident case of 3-7-01.

2. Plaintiff is entitled to relief from Defendant under the above facts on the basis of Defendant's inability to properly represent me by reason of I never received monetary compensation for my injuries. Case was never brought to court.

THEREFORE, Plaintiff requests judgment against the Defendant for damages, together with attorney's fees and costs of suit, and any other relief as the Court may deem proper.

COUNT II

1. On a second accident(DOA 11-25-02) I suffered permanent injuries and also never received compensation for my injuries. Case never brought to court.

Dated: 9-23-04

Le

Leonedis Lamberty

, Plaintiff

Leonedis Lamberty
Petitioner
500 N. 74th St. Apt. 1102
Address
Camden NJ 08102
City, State & Zip
(856) 338-1345
Phone number

Leonedis Lamberty

Plaintiff,

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - CAMDEN VICINAGE

DOCKET NO. _____

vs.

Civil Action

Joel R. Rosenberg

Defendant.

CERTIFICATION OF INDIGENCE

I, Leonedis Lamberty, of full age do hereby certify as follows:

1. I am the Plaintiff/Defendant in the above entitled civil action.
2. My social security number is: 584-09-4401
3. I reside at: 500 N. 74th St. Apt. 1102
Camden NJ 08102
4. I make this certification in support of my application for waiver of fees pursuant to Rule 1:13-2[a].
5. My net income is \$ 600 per month, derived from employment at NOT WORKING. I have no other source of income.
6. A. Do you pay rent or mortgage? (circle one)
 1. How much? \$ 149.00
 2. Do you pay weekly, bi-weekly or monthly? (circle one)B. Do you receive money from any source? If so:
 1. Identify or name the source: — N/A
 2. The amount received: \$ —
 3. Do you receive this amount on a weekly, bi-weekly or monthly basis? (circle one) N/A

C. How do you pay your bills such as food, clothing, medical bills?

with the \$600.00 / month from SSI
and Social Security

6. The following is a true and complete listing of my assets, to the best of my knowledge, information and belief:

- A. Money in any and all Bank Accounts: Current have. \$25.00 in acct.
- B. Automobile(s): None
- C. Real Estate: None
- D. Insurance with cash value: —
- E. Money owed to me: None

7. This certification is made to inform the Court as to my status of indigency and support my application for waiver of fees in the above entitled action pursuant to Rule 1:13-2[a].

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.



Your signature

Date: 9-23-04

FILING FEES WAIVED PER R.1:13-2 [a]

Petitioner's Name Leonedis Lamberty SUPERIOR COURT OF NEW JERSEY
Address 500 N. 7th St. Apt. 1102 LAW DIVISION - CAMDEN COUNTY
City, State & Zip Camden NJ 08102 DOCKET NO. L-
Phone number (856) 338-1345

IN THE MATTER OF THE APPLICATION OF

Leonedis Lamberty
Plaintiff,

CIVIL ACTION

vs.

ORDER

Joel R. Rosenberg
Defendant.

WAIVER OF FEES PURSUANT TO
R.1:13-2[a]

THIS COURT having examined the affidavit of indigency provided by the plaintiff and the papers attached, and it appearing therefrom that said plaintiff is a person without sufficient means to file this action in Court;

IT IS on this _____ day of _____, ORDERED pursuant to
R.1:13-2 ;[a] the request for waiver of fees and cost is hereby;

GRANTED _____
DENIED _____

J.S.C.

FILING FEES WAIVED PER R.1:13-2 [a]

Petitioner's Name Leonedis Lamberty SUPERIOR COURT OF NEW JERSEY

Address 500 N. 5th St. Apt. 1102 LAW DIVISION - CAMDEN COUNTY

City, State & Zip Camden NJ 08102 DOCKET NO. L-

Phone number (856) 338-1345

IN THE MATTER OF THE APPLICATION OF

Leonedis Lamberty CIVIL ACTION
Plaintiff,

ORDER

vs.

Joel R. Rosenberg WAIVER OF FEES PURSUANT TO
Defendant. R.1:13-2[a]

THIS COURT having examined the affidavit of indigency provided by the plaintiff and the papers attached, and it appearing therefrom that said plaintiff is a person without sufficient means to file this action in Court;

IT IS on this _____ day of _____, ORDERED pursuant to R.1:13-2 ;[a] the request for waiver of fees and cost is hereby;

GRANTED _____
DENIED _____

J.S.C.

ATTORNEY ETHICS GRIEVANCE FORM

Please Type Or Print Legibly All Information

A. GRIEVANT: Mr./Mrs./Miss/Ms. (Circle One)

LAST NAME Lamberty FIRST Leonides M
 ADDRESS 500 N. 7th St. Apt. 1102
 CITY Camden STATE NJ ZIP 08102 COUNTY _____
 TELEPHONE: HOME (856) 338-1345 OFFICE () _____

B. THE SPECIFIC LAWYER YOU ARE COMPLAINING ABOUT IS:

LAST NAME (INCLUDE SR., JR., III, ETC.) Rosenberg, Joel R. FIRST _____ M
 OFFICE ADDRESS Rt. 73 and Greentree Rd. STREET/P.O. BOX Suite 303 PHONE 856 988-1888
 CITY Marlton STATE NJ ZIP 08053 COUNTY Burlington

- (1) IS THE SPECIFIC LAWYER COMPLAINED OF YOUR LAWYER? YES NO
- (2) IF SO, DOES THIS LAWYER STILL REPRESENT YOU? YES NO
- (3) IF NOT, DO YOU HAVE A NEW LAWYER? YES NO
- (4) IF SO, WHO IS YOUR NEW LAWYER? _____

C. THE TYPE OF CASE HANDLED BY THE LAWYER WAS: (CHECK ONE)

<input type="checkbox"/>	Admiral/Maritime	(V)	<input type="checkbox"/>	International Law	(I)
<input type="checkbox"/>	Adoption/Name Change	(A)	<input type="checkbox"/>	Juvenile Delinquency (J)	(J)
<input type="checkbox"/>	Bankruptcy/Insolvency/Foreclosure	(B)	<input type="checkbox"/>	Labor	(L)
<input type="checkbox"/>	Collection	(H)	<input type="checkbox"/>	Landlord/Tenant	(Q)
<input type="checkbox"/>	Contract	(K)	<input checked="" type="checkbox"/>	Negligence(Personal Injury)	(N)
<input type="checkbox"/>	Corporation/Partnership Law	(X)	<input type="checkbox"/>	Property Damage	
<input type="checkbox"/>	Criminal, Quasi-Criminal and	(C)	<input type="checkbox"/>	Patent/Trademark/Copyright	(P)
<input type="checkbox"/>	Municipal Court		<input type="checkbox"/>	Real Estate	(R)
<input type="checkbox"/>	Domestic Relations (Divorce, Support, Custody)	(D)	<input type="checkbox"/>	Small Claims Court	(S)
<input type="checkbox"/>	Estate/Probate	(E)	<input type="checkbox"/>	Tax	(T)
<input type="checkbox"/>	Federal Remedies/Civil Rights	(F)	<input type="checkbox"/>	Workers Compensation	(W)
<input type="checkbox"/>	Government Agency Problems (Local Thru Federal)	(G)	<input type="checkbox"/>	Other Litigation (specify)	(Y)
<input type="checkbox"/>	Immigration/Naturalization	(M)	<input type="checkbox"/>	Other Non-Litigation (specify)	(Z)

IS THE CASE HANDLED BY THE LAWYER STILL PENDING?

YES NO

(This Section for Secretary's Use Only)

DOCKET NUMBER _____ DATE DOCKETED _____

• COMPLETE BOTH SIDE •

D. OTHER RELATED COMPLAINTS OR LITIGATION

- (1) Have you filed a complaint regarding this matter with law enforcement authorities or any other state or federal agency? YES NO If yes, please state:

Name of Agency: _____

Contact Person: _____ Date Filed: _____

Result: _____

- (2) Is the matter you are complaining about the subject of a pending civil law suit? YES NO

If yes, give name of Court Case was never filed with the

Docket Number: _____ County: _____

E. NATURE OF GRIEVANCE:

State what the lawyer did or failed to do which may be unethical. State all relevant FACTS including dates, times, places and names and addresses of important witnesses. Attach copies of important letters and documents.

On March 2001, Joel R. Rosenberg agreed to represent me on my accident case of 3-7-01. Mr. Rosenberg did not properly represent me and I never received monetary compensation for my injuries.

On a 2nd accident, 11-25-02, I suffered permanent injuries. To date I have not received compensation and attorney refuses to take my calls. My case was never brought to court.

(use Additional Sheets if Necessary)
I cannot speak English and only speak Spanish and he takes advantage of this.

F. INVESTIGATIVE CONFIDENTIALITY

Under Supreme Court Rule 1:20-9(a), once you file this grievance form you are REQUIRED thereafter to keep all communication about this ethical matter CONFIDENTIAL during the investigation until and unless a complaint is issued and served. Only at that time does confidentiality end and the matter becomes public. This investigative confidentiality does not prevent you from discussing the facts underlying your grievance with, or reporting them to, any other person or agency. However, during the investigation you may not disclose the fact that you have filed an ethics grievance to persons other than members of the attorney disciplinary system, except to discuss the case with other witnesses or to consult an attorney.

Date: 9-23-04

L-L-

Signature

PLEASE REVIEW THE PAMPHLET "INFORMATION ABOUT GRIEVANCE PROCEDURES AND DISCIPLINE OF LAWYERS" PROVIDED BY THE ETHICS



PLEASE NOTIFY DISTRICT SECRETARY OF DISABILITY ACCOMMODATION NEEDS



Law Office of
JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLTON, NEW JERSEY 08053
TEL 856 598-1888
FAX 856 596-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL 215 295-6800
BY APPOINTMENT ONLY,

June 16, 2003

Mr. Leonides Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08102

RE: Date of Accident: 11/25/02

Dear Mr. Lamberty:

It is my policy to make every effort to keep you informed of the status of your case. To that extent, enclosed please find a copy of the following:

Medical records from Dr. Ronald L. Brody to Dr. Ronald Parente dated 1/20/03, 2/10/03, 12/16/02, 1/6/03, 2/24/03, 4/7/03, 3/24/03

If you have any questions with regard to the same, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "J.R. Rosenberg".

JOEL R. ROSENBERG

JRR/nmp
Enclosure



LAW OFFICE OF

JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLTON, NEW JERSEY 08053
TEL 856 988-1888
FAX 856 590-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL 215 399-6800
BY APPOINTMENT ONLY

January 7, 2003

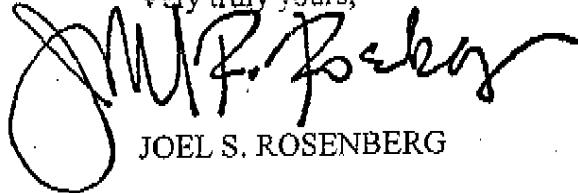
Mr. Leonedis Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08012

RE: Lamberty v. Santiago
D/A: 3/7/01

Dear Mr. Lamberty:

Please be advised that your Examination Under Oath which was scheduled for January 9, 2003 has been cancelled. I attempted to call you, but the phone number we have in your file is disconnected. The examination has been rescheduled for **Friday, February 14, 2003 at 2:00 p.m.** in my office. Please contact my office a few days before this date to confirm same.

Very truly yours,



JOEL S. ROSENBERG

JRR/bad



Law Office of
JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLTON, NEW JERSEY 08053
TEL 856 988-1888
FAX 856 595-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL. 215 295-6800
BY APPOINTMENT ONLY

March 26, 2003

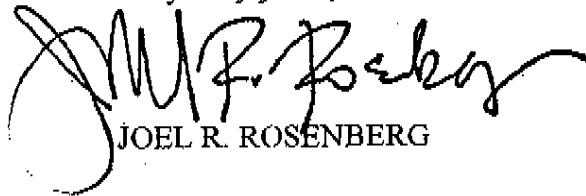
Mr. Leonides Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08102

RE: Date of Accident: 11/25/02

Dear Mr. Lamberty:

Pursuant to your request, I have enclosed color photocopies of the photographs taken of your vehicle with regard to the above mentioned accident.

Very truly yours,


JOEL R. ROSENBERG

JRR/bad
Enclosure

Gary Neil Goldstein, M.D.
Echelon Medical Center, Suite 215
600 Somerdale Road
Voorhees, New Jersey 08043
(856) 795-8884

Plastic and Reconstructive Surgery
Surgery of the Hand
Cosmetic Surgery

Orthopaedic and Reconstructive Surgery
Surgery of the Foot
Sports Medicine

December 3, 2001

NEUROELECTRICAL EVALUATION: 12/3/01

PATIENT: LEONDIS LAMBERTY

PRIMARY PHYSICIAN:

NEUROELECTRICAL EVALUATION

Neuroelectrical evaluation was performed today bilaterally in the back and lower extremities.

NERVE CONDUCTION VELOCITIES:

Nerve conduction velocities were performed in the femoral, peroneal, tibial and sural nerves, bilaterally, with associated distal motor and sensory latencies. The results are symmetrical and within normal limits.

CORE TESTING:

F-waves were performed bilaterally in the back and lower extremities at both the tibial and peroneal areas. The results are symmetrical and within normal limits.

H-reflex was tested bilaterally. There is attenuation of H-reflex bilaterally, left more so than right.

NEEDLE EMG:

Needle EMG is performed bilaterally in the back and multiple lower extremity muscles. Insertional activity, wave form analysis, recruitment and interference patterns were checked. Increase in insertional activity is noted in the S1 innervated muscles bilaterally. There are some neuropathic potentials. There are scattered responses in muscles innervated by other nerves with no particular pattern.

NEUROELECTRICAL EVALUATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

PAGE TWO

ELECTRICAL IMPRESSION:

1. S1 radiculopathy with some nerve root irritation at other levels.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

FOLLOW-UP CONSULTATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

PAGE TWO

he actually wakes up at night in pain. The TENS unit helps and Tylenol helps, but they are insufficient when these nighttime flare-ups occur.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.



JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLTON, NEW JERSEY 08053
TEL 856 948-1888
FAX 856 596-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL 215 295-6800
BY APPOINTMENT ONLY

February 25, 2002

Mr. Leonides Lamberty
500 N. 7th Street
Camden, NJ 08101

Re: D/A: 3/7/01

Dear Mr. Lamberty:

Enclosed please find a copy of the report of Gary Neil Goldstein, MD dated 1/15/02 with regard to the above-captioned matter. If you have any questions with regard to the same, please do not hesitate to contact me.

Thank you for your cooperation with regard to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "J.R. Rosenberg". Below the signature, the name "JOEL R. ROSENBERG" is printed in capital letters.

JRR/mab
Enc.

Gary Neil Goldstein, M.D.
Echelon Medical Center, Suite 213
600 Somerdale Road
Voorhees, New Jersey 08043
(856) 795-8884

Plastic and Reconstructive Surgery
Surgery of the Hand
Cosmetic Surgery

Orthopaedic and Reconstructive Surgery
Surgery of the Foot
Sports Medicine

January 15, 2002

FOLLOW-UP CONSULTATION: 1/15/02

PATIENT: LEONDIS LAMBERTY

PRIMARY PHYSICIAN:

The patient returns for a follow-up office visit.

CURRENT STATUS:

The patient continues to complain of low back pain and pain in his neck as well as his knees, left more so than right. He says that going up and down stairs can be a problem as his knee catches and locks. This, primarily through a translator. We have apparently still not gotten authorization for MRI of the low back and left knee.

PHYSICAL EXAMINATION:

On examination today, there is restriction of motion in the low back. There is some tightness and soreness in the neck. In the left knee, there is definite effusion and a reproducible click medially. There is some effusion in the right knee that is not as much of a problem.

DISCUSSION:

The patient has now been symptomatic since 3/7/01. A short course of physical therapy stressing the knees will be prescribed. With regard to the patient's knee, I think he is best served with arthroscopic surgery to the left knee. With regard to the back, it is really difficult to pick the ideal treatment without MRI. The onus of this is on the carrier. The patient has gotten fair relief lasting for several weeks after

FOLLOW-UP CONSULTATION: 1/15/02
PATIENT: LEONDIS LAMBERTY

PAGE 2

standard injection. Caudal epidural with rhizotomy might also buy him some time. The patient does not want to consider back surgery.

Risks, benefits, complications, the possibility of mal and non results, secondary procedures with alternatives and standard analogies were addressed. The patient understands and would like to proceed. The patient also understands that there is increased risk because of lack of carrier cooperation, but wants me to proceed anyway. He gets some relief from Darvocet-N 100. A new script was written.

GARY NEIL GOLDSTEIN, M.D.
GNG/dq,
011602

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

THE COOPER HEALTH SYSTEM
ONE COOPER PLAZA, CAMDEN, NEW JERSEY 08103
(856) 342-2000

RE: Lamberty, Leonides
MRN#00557712

DISCHARGE INSTRUCTIONS: Activity: No driving. No strenuous activity. He was told he could eat a regular diet. Problems or symptoms to report included increasing neck pain, numbness, tingling, or weakness in the arms. Special instructions: Follow up with an orthopaedic doctor for your neck sprain. Must keep neck brace on at all times for the next six weeks. He was given the telephone number for Cooper Orthopaedics. He was reminded not to remove his Aspen collar for any reason until seen by orthopaedics.

Dr. DM Karam
[Handwritten signature]

Joseph Karam, M.D.

JK/aab
DD: 01/02/2003 10:09:05
DT: 01/04/2003 21:19:51
Job #: 431494
Dictated by Dianna More



LAW OFFICES OF
JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLBTON, NEW JERSEY 08053
TEL 856 988-1888
FAX 856 996-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL 215 295-6800
BY APPOINTMENT ONLY

May 31, 2002

Mr. Leonedis Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08012

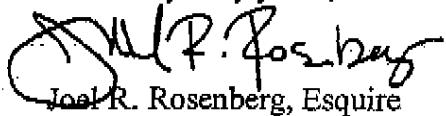
Re: Date of Accident: March 7, 2001

Dear Mr. Lamberty:

Enclosed please find a copy of a report from Dr. Gary Goldstein dated April 16, 2002 regarding the above captioned matter. Please feel free to contact my office if you have any questions regarding this matter.

Thank you for your cooperation and prompt attention in this matter.

Very truly yours,


Joel R. Rosenberg, Esquire

JRR/tlf
encl.

Gary Neil Goldstein, M.D.
Echelon Medical Center, Suite 215
600 Somerdale Road
Voorhees, New Jersey 08043
(856) 795-8884

Plastic and Reconstructive Surgery
Surgery of the Hand
Cosmetic Surgery

Orthopaedic and Reconstructive Surgery
Surgery of the Foot
Sports Medicine

December 3, 2001

NEUROELECTRICAL EVALUATION: 12/3/01

PATIENT: LEONDIS LAMBERTY

PRIMARY PHYSICIAN:

NEUROELECTRICAL EVALUATION

Neuroelectrical evaluation was performed today bilaterally in the back and lower extremities.

NERVE CONDUCTION VELOCITIES:

Nerve conduction velocities were performed in the femoral, peroneal, tibial and sural nerves, bilaterally, with associated distal motor and sensory latencies. The results are symmetrical and within normal limits.

CORE TESTING:

F-waves were performed bilaterally in the back and lower extremities at both the tibial and peroneal areas. The results are symmetrical and within normal limits.

H-reflex was tested bilaterally. There is attenuation of H-reflex bilaterally, left more so than right.

NEEDLE EMG:

Needle EMG is performed bilaterally in the back and multiple lower extremity muscles. Insertional activity, wave form analysis, recruitment and interference patterns were checked. Increase in insertional activity is noted in the S1 innervated muscles bilaterally. There are some neuropathic potentials. There are scattered responses in muscles innervated by other nerves with no particular pattern.

NEUROELECTRICAL EVALUATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

PAGE TWO

ELECTRICAL IMPRESSION:

1. S1 radiculopathy with some nerve root irritation at other levels.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

FOLLOW-UP CONSULTATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

PAGE TWO

he actually wakes up at night in pain. The TENS unit helps and Tylenol helps, but they are insufficient when these nighttime flare-ups occur.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

PAGE 1 OF 1		NEW JERSEY POLICE ACCIDENT REPORT										<input checked="" type="checkbox"/> REPORTABLE		<input type="checkbox"/> NON-REPORTABLE	
43 CASE NUMBER <u>01-03-07-082</u>		ACCIDENT OCCURRED ON: <u>Baile Blvd</u>										52 ROAD NAME <input type="checkbox"/> STREET ADDRESS			
44 POLICE DEPARTMENT OF CODE <u>Camden City 101</u>		52 AT INTERSECTION WITH <input type="checkbox"/> FEET <input type="checkbox"/> MILES <input type="checkbox"/> NORTH <input type="checkbox"/> EAST OF: <u>Admiral Wilson Blvd</u> <input type="checkbox"/> METERS <input type="checkbox"/> KM <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST OF:										53 ROUTE NO. SUFFIX		54 MILEPOST	
45 STATION/PRECINCT 55 56 57		55 56 57										58 ROAD NAME <input type="checkbox"/> NO <input type="checkbox"/> EB <input type="checkbox"/> NB <input type="checkbox"/> EB <input type="checkbox"/> YES FROM: <u>39 (ROUTE NO.)</u> <u>60</u> <input type="checkbox"/> SB <input type="checkbox"/> WB TO: <u>51 (ROUTE NO.)</u> <u>62</u> <input type="checkbox"/> SR <input type="checkbox"/> WB			
46 DATE OF COLLISION MONTH DAY YEAR <u>03 07 01</u>		47 DAY OF WEEK S M Tu W Th F S		48 TIME (USE 2400 HRS.) <u>10300408</u>		49 MUNICIPALITY CODE <u>Camden</u>		50 TOTAL KILLED <u>0</u>		51 TOTAL INJURED <u>0</u>		52 LATITUDE <u>63</u>		53 LONGITUDE <u>64</u>	
VEH. NO. 55 POLICY NO. <u>Unknown</u>		56 INS. CODE <u>2</u> 57A426058										58 INS. CODE <u>068</u>			
59 PARKED <input type="checkbox"/> PED <input type="checkbox"/> BICYCLIST <input type="checkbox"/> RESPONDING TO AN EMERGENCY <input type="checkbox"/> HIT & RUN												60 PARKED <input type="checkbox"/> PED <input type="checkbox"/> BICYCLIST <input type="checkbox"/> RESPONDING TO AN EMERGENCY <input type="checkbox"/> HIT & RUN			
61 DRIVER'S FIRST NAME <u>Unknown</u>		INITIAL <u>L</u>		LAST NAME <u>Leonides</u>		62 DRIVER'S FIRST NAME <u>Leonides</u>		INITIAL <u>L</u>		LAST NAME <u>Lamberty</u>					
63 NUMBER AND STREET <u>500 N 7th st.</u>												64 NUMBER AND STREET <u>500 N 7th st.</u>			
65 CITY <u>Camden</u>		STATE <u>N.J.</u>		ZIP <u>08102</u>		66 CITY <u>Camden</u>		STATE <u>N.J.</u>		ZIP <u>08102</u>		67 EXPIRES <u>02/02</u>			
68 DRIVER'S LICENSE NUMBER <u>LO346145906108492</u>		71 STATE <u>NY</u>		72 DOB MO. DAY YR. <u>88 08 49</u>		73 EYES <u>74</u>		75 DRIVER'S LICENSE NUMBER <u>LO346145906108492</u>		76 STATE <u>NJ</u>		77 DOB MO. DAY YR. <u>88 08 49</u>		78 EYES <u>74</u>	
79 OWNER'S FIRST NAME <u>Angel</u>		INITIAL <u>S</u>		LAST NAME <u>Santiago</u>		80 OWNER'S FIRST NAME <u>Angel</u>		INITIAL <u>S</u>		81 OWNER'S FIRST NAME <u>Angel</u>		INITIAL <u>S</u>		82 OWNER'S FIRST NAME <u>Angel</u>	
83 NUMBER AND STREET <u>1221 West butler</u>												84 NUMBER AND STREET <u>1221 West butler</u>			
85 CITY <u>Phila</u>		STATE <u>P.A.</u>		ZIP <u>12-200</u>		86 CITY <u>Phila</u>		STATE <u>P.A.</u>		ZIP <u>12-200</u>		87 CITY <u>Phila</u>		STATE <u>P.A.</u>	
88 MAKE AND MODEL <u>Buick</u>		COLOR <u>88</u>		YEAR <u>90</u>		89 PLATE NO. <u>DWS-4165 P.A</u>		90 STATE <u>NY</u>		91 MAKE AND MODEL <u>Dodge Shadow</u>		92 COLOR <u>NW-878G N.J.</u>		93 STATE <u>N.J.</u>	
94 VIN NUMBER <u>2GMWB14W1J1510075</u>		95 VIN NUMBER <u>51B3CP44J1KN516278</u>		96		97		98 VIN NUMBER <u>51B3CP44J1KN516278</u>		99 VIN NUMBER <u>51B3CP44J1KN516278</u>		100 VIN NUMBER <u>51B3CP44J1KN516278</u>		101 VIN NUMBER <u>51B3CP44J1KN516278</u>	
102 VEHICLE REMOVED TO <u>Vehicle Fleed Scene</u>		103 AUTHORITY <input type="checkbox"/> TOWED <input type="checkbox"/> DRIVEN		104 OWNER <input type="checkbox"/> 1 OWNER <input type="checkbox"/> 2 DRIVER <input type="checkbox"/> 3 POLICE		105 VEHICLE REMOVED TO <u>Driver Away</u>		106 VEHICLE REMOVED TO <u>Driver Away</u>		107 AUTHORITY <input type="checkbox"/> TOWED <input type="checkbox"/> DRIVEN		108 ALCOHOL DATA		109 HAZARDOUS MATERIAL	
109 PLACARD NUMBER <u>011</u>		110 TEST GIVEN <input type="checkbox"/> NO <input type="checkbox"/> BREATH <input type="checkbox"/> YES <input type="checkbox"/> BLOOD <input type="checkbox"/> 1 <input type="checkbox"/> REFUSED <input type="checkbox"/> URINE		111 TEST GIVEN <input type="checkbox"/> NO <input type="checkbox"/> BREATH <input type="checkbox"/> YES <input type="checkbox"/> BLOOD <input type="checkbox"/> 2 <input type="checkbox"/> REFUSED <input type="checkbox"/> URINE		112 TEST GIVEN <input type="checkbox"/> NO <input type="checkbox"/> BREATH <input type="checkbox"/> YES <input type="checkbox"/> BLOOD <input type="checkbox"/> 3 <input type="checkbox"/> REFUSED <input type="checkbox"/> URINE		113 CARRIER NAME <u>Veh #1</u>		114 CARRIER NAME <u>Veh #2</u>		115 CARRIER NAME <u>Veh #1</u>		116 CARRIER NAME <u>Veh #2</u>	
117 CARRIER NAME <u>Veh #1</u>		118 CARRIER NAME <u>Veh #2</u>		119 CARRIER NAME <u>Veh #1</u>		120 CARRIER NAME <u>Veh #2</u>		121 CARRIER NAME <u>Veh #1</u>		122 CARRIER NAME <u>Veh #2</u>		123 CARRIER NAME <u>Veh #1</u>		124 CARRIER NAME <u>Veh #2</u>	
125 CARRIER NAME <u>Veh #1</u>		126 CARRIER NAME <u>Veh #2</u>		127 CARRIER NAME <u>Veh #1</u>		128 CARRIER NAME <u>Veh #2</u>		129 CARRIER NAME <u>Veh #1</u>		130 CARRIER NAME <u>Veh #2</u>		131 CARRIER NAME <u>Veh #1</u>		132 CARRIER NAME <u>Veh #2</u>	
133 CARRIER NAME <u>Veh #1</u>		134 CARRIER NAME <u>Veh #2</u>		135 CARRIER NAME <u>Veh #1</u>		136 CARRIER NAME <u>Veh #2</u>		137 CARRIER NAME <u>Veh #1</u>		138 CARRIER NAME <u>Veh #2</u>		139 CARRIER NAME <u>Veh #1</u>		140 CARRIER NAME <u>Veh #2</u>	
141 CARRIER NAME <u>Veh #1</u>		142 CARRIER NAME <u>Veh #2</u>		143 CARRIER NAME <u>Veh #1</u>		144 CARRIER NAME <u>Veh #2</u>		145 CARRIER NAME <u>Veh #1</u>		146 CARRIER NAME <u>Veh #2</u>		147 CARRIER NAME <u>Veh #1</u>		148 CARRIER NAME <u>Veh #2</u>	
149 CARRIER NAME <u>Veh #1</u>		150 CARRIER NAME <u>Veh #2</u>		151 CARRIER NAME <u>Veh #1</u>		152 CARRIER NAME <u>Veh #2</u>		153 CARRIER NAME <u>Veh #1</u>		154 CARRIER NAME <u>Veh #2</u>		155 CARRIER NAME <u>Veh #1</u>		156 CARRIER NAME <u>Veh #2</u>	
157 CARRIER NAME <u>Veh #1</u>		158 CARRIER NAME <u>Veh #2</u>		159 CARRIER NAME <u>Veh #1</u>		160 CARRIER NAME <u>Veh #2</u>		161 CARRIER NAME <u>Veh #1</u>		162 CARRIER NAME <u>Veh #2</u>		163 CARRIER NAME <u>Veh #1</u>		164 CARRIER NAME <u>Veh #2</u>	
165 CARRIER NAME <u>Veh #1</u>		166 CARRIER NAME <u>Veh #2</u>		167 CARRIER NAME <u>Veh #1</u>		168 CARRIER NAME <u>Veh #2</u>		169 CARRIER NAME <u>Veh #1</u>		170 CARRIER NAME <u>Veh #2</u>		171 CARRIER NAME <u>Veh #1</u>		172 CARRIER NAME <u>Veh #2</u>	
173 CARRIER NAME <u>Veh #1</u>		174 CARRIER NAME <u>Veh #2</u>		175 CARRIER NAME <u>Veh #1</u>		176 CARRIER NAME <u>Veh #2</u>		177 CARRIER NAME <u>Veh #1</u>		178 CARRIER NAME <u>Veh #2</u>		179 CARRIER NAME <u>Veh #1</u>		180 CARRIER NAME <u>Veh #2</u>	
181 CARRIER NAME <u>Veh #1</u>		182 CARRIER NAME <u>Veh #2</u>		183 CARRIER NAME <u>Veh #1</u>		184 CARRIER NAME <u>Veh #2</u>		185 CARRIER NAME <u>Veh #1</u>		186 CARRIER NAME <u>Veh #2</u>		187 CARRIER NAME <u>Veh #1</u>		188 CARRIER NAME <u>Veh #2</u>	
189 CARRIER NAME <u>Veh #1</u>		190 CARRIER NAME <u>Veh #2</u>		191 CARRIER NAME <u>Veh #1</u>		192 CARRIER NAME <u>Veh #2</u>		193 CARRIER NAME <u>Veh #1</u>		194 CARRIER NAME <u>Veh #2</u>		195 CARRIER NAME <u>Veh #1</u>		196 CARRIER NAME <u>Veh #2</u>	
197 CARRIER NAME <u>Veh #1</u>		198 CARRIER NAME <u>Veh #2</u>		199 CARRIER NAME <u>Veh #1</u>		200 CARRIER NAME <u>Veh #2</u>		201 CARRIER NAME <u>Veh #1</u>		202 CARRIER NAME <u>Veh #2</u>		203 CARRIER NAME <u>Veh #1</u>		204 CARRIER NAME <u>Veh #2</u>	
205 CARRIER NAME <u>Veh #1</u>		206 CARRIER NAME <u>Veh #2</u>		207 CARRIER NAME <u>Veh #1</u>		208 CARRIER NAME <u>Veh #2</u>		209 CARRIER NAME <u>Veh #1</u>		210 CARRIER NAME <u>Veh #2</u>		211 CARRIER NAME <u>Veh #1</u>		212 CARRIER NAME <u>Veh #2</u>	
213 CARRIER NAME <u>Veh #1</u>		214 CARRIER NAME <u>Veh #2</u>		215 CARRIER NAME <u>Veh #1</u>		216 CARRIER NAME <u>Veh #2</u>		217 CARRIER NAME <u>Veh #1</u>		218 CARRIER NAME <u>Veh #2</u>		219 CARRIER NAME <u>Veh #1</u>		220 CARRIER NAME <u>Veh #2</u>	
221 CARRIER NAME <u>Veh #1</u>		222 CARRIER NAME <u>Veh #2</u>		223 CARRIER NAME <u>Veh #1</u>		224 CARRIER NAME <u>Veh #2</u>		225 CARRIER NAME <u>Veh #1</u>		226 CARRIER NAME <u>Veh #2</u>		227 CARRIER NAME <u>Veh #1</u>		228 CARRIER NAME <u>Veh #2</u>	
229 CARRIER NAME <u>Veh #1</u>		230 CARRIER NAME <u>Veh #2</u>		231 CARRIER NAME <u>Veh #1</u>		232 CARRIER NAME <u>Veh #2</u>		233 CARRIER NAME <u>Veh #1</u>		234 CARRIER NAME <u>Veh #2</u>		235 CARRIER NAME <u>Veh #1</u>		236 CARRIER NAME <u>Veh #2</u>	
237 CARRIER NAME <u>Veh #1</u>		238 CARRIER NAME <u>Veh #2</u>		239 CARRIER NAME <u>Veh #1</u>		240 CARRIER NAME <u>Veh #2</u>		241 CARRIER NAME <u>Veh #1</u>		242 CARRIER NAME <u>Veh #2</u>		243 CARRIER NAME <u>Veh #1</u>		244 CARRIER NAME <u>Veh #2</u>	
245 CARRIER NAME <u>Veh #1</u>		246 CARRIER NAME <u>Veh #2</u>		247 CARRIER NAME <u>Veh #1</u>		248 CARRIER NAME <u>Veh #2</u>		249 CARRIER NAME <u>Veh #1</u>		250 CARRIER NAME <u>Veh #2</u>		251 CARRIER NAME <u>Veh #1</u>		252 CARRIER NAME <u>Veh #2</u>	
253 CARRIER NAME <u>Veh #1</u>		254 CARRIER NAME <u>Veh #2</u>		255 CARRIER NAME <u>Veh #1</u>		256 CARRIER NAME <u>Veh #2</u>		257 CARRIER NAME <u>Veh #1</u>		258 CARRIER NAME <u>Veh #2</u>		259 CARRIER NAME <u>Veh #1</u>		260 CARRIER NAME <u>Veh #2</u>	
261 CARRIER NAME <u>Veh #1</u>		262 CARRIER NAME <u>Veh #2</u>		263 CARRIER NAME <u>Veh #1</u>		264 CARRIER NAME <u>Veh #2</u>		265 CARRIER NAME <u>Veh #1</u>		266 CARRIER NAME <u>Veh #2</u>		267 CARRIER NAME <u>Veh #1</u>		268 CARRIER NAME <u>Veh #2</u>	
269 CARRIER NAME <u>Veh #1</u>		270 CARRIER NAME <u>Veh #2</u>		271 CARRIER NAME <u>Veh #1</u>		272 CARRIER NAME <u>Veh #2</u>		273 CARRIER NAME <u>Veh #1</u>		274 CARRIER NAME <u>Veh #2</u>		275 CARRIER NAME <u>Veh #1</u>		276 CARRIER NAME <u>Veh #2</u>	
277 CARRIER NAME <u>Veh #1</u>		278 CARRIER NAME <u>Veh #2</u>		279 CARRIER NAME <u>Veh #1</u>		280 CARRIER NAME <u>Veh #2</u>		281 CARRIER NAME <u>Veh #1</u>		282 CARRIER NAME <u>Veh #2</u>		283 CARRIER NAME <u>Veh #1</u>		284 CARRIER NAME <u>Veh #2</u>	
285 CARRIER NAME <u>Veh #1</u>		286 CARRIER NAME <u>Veh #2</u>		287 CARRIER NAME <u>Veh #1</u>		288 CARRIER NAME <u>Veh #2</u>		289 CARRIER NAME <u>Veh #1</u>		290 CARRIER NAME <u>Veh #2</u>		291 CARRIER NAME <u>Veh #1</u>		292 CARRIER NAME <u>Veh #2</u>	
293 CARRIER NAME <u>Veh #1</u>		294 CARRIER NAME <u>Veh #2</u>		295 CARRIER NAME <u>Veh #1</u>		296 CARRIER NAME <u>Veh #2</u>		297 CARRIER NAME <u>Veh #1</u>		298 CARRIER NAME <u>Veh #2</u>		299 CARRIER NAME <u>Veh #1</u>		300 CARRIER NAME <u>Veh #2</u>	
301 CARRIER NAME <u>Veh #1</u>		302 CARRIER NAME <u>Veh #2</u>		303 CARRIER NAME <u>Veh #1</u>		304 CARRIER NAME <u>Veh #2</u>		305 CARRIER NAME <u>Veh #1</u>		306 CARRIER NAME <u>Veh #2</u>		307 CARRIER NAME <u>Veh #1</u>		308 CARRIER NAME <u>Veh #2</u>	
309 CARRIER NAME <u>Veh #1</u>		310 CARRIER NAME <u>Veh #2</u>		311 CARRIER NAME <u>Veh #1</u>		312 CARRIER NAME <u>Veh #2</u>		313 CARRIER NAME <u>Veh #1</u>		314 CARRIER NAME <u>Veh #2</u>		315 CARRIER NAME <u>Veh #1</u>		316 CARRIER NAME <u>Veh #2</u>	
317 CARRIER NAME <u>Veh #1</u>		318 CARRIER NAME <u>Veh #2</u>		319 CARRIER NAME <u>Veh #1</u>		320 CARRIER NAME <u>Veh #2</u>		321 CARRIER NAME <u>Veh #1</u>		322 CARRIER NAME <u>Veh #2</u>		323 CARRIER NAME <u>Veh #1</u>		324 CARRIER NAME <u>Veh #2</u>	
325 CARRIER NAME <u>Veh #1</u>		326 CARRIER NAME <u>Veh #2</u>		327 CARRIER NAME <u>Veh #1</u>		328 CARRIER NAME <u>Veh #2</u>		329 CARRIER NAME <u>Veh #1</u>		330 CARRIER NAME <u>Veh #2</u>		331 CARRIER NAME <u>Veh #1</u>		332 CARRIER NAME <u>Veh #2</u>	
333 CARRIER NAME <u>Veh #1</u>		334 CARRIER NAME <u>Veh #2</u>		335 CARRIER NAME <u>Veh #1</u>		336 CARRIER NAME <u>Veh #2</u>		337 CARRIER NAME <u>Veh #1</u>		338 CARRIER NAME <u>Veh #2</u>		339 CARRIER NAME <u>Veh #1</u>		340 CARRIER NAME <u>Veh #2</u>	
341 CARRIER NAME <u>Veh #1</u>		342 CARRIER NAME <u>Veh #2</u>		343 CARRIER NAME <u>Veh #1</u>		344 CARRIER NAME <u>Veh #2</u>		345 CARRIER NAME <u>Veh #1</u>		346 CARRIER NAME <u>Veh #2</u>		347 CARRIER NAME <u>Veh #1</u>		348 CARRIER NAME <u>Veh #2</u>	
349 CARRIER NAME <u>Veh #1</u>		350 CARRIER NAME <u>Veh #2</u>		351 CARRIER NAME <u>Veh #1</u>		352 CARRIER NAME <u>Veh #2</u>		353 CARRIER NAME <u>Veh #1</u>		354 CARRIER NAME <u>Veh #2</u>		355 CARRIER NAME <u>Veh #1</u>		356 CARRIER NAME <u>Veh #2</u>	
357 CARRIER NAME <u>Veh #1</u>		358 CARRIER NAME <u>Veh #2</u>		359 CARRIER NAME <u>Veh #1</u>		360 CARRIER NAME <u>Veh #2</u>		361 CARRIER NAME <u>Veh #1</u>		362 CARRIER NAME <u>Veh #2</u>		363 CARRIER NAME <u>Veh #1</u>		364 CARRIER NAME <u>Veh #2</u>	
365 CARRIER NAME <u>Veh #1</u>		366 CARRIER NAME <u>Veh #2</u>		367 CARRIER NAME <u>Veh #1</u>		368 CARRIER NAME <u>Veh #2</u>		369 CARRIER NAME <u>Veh #1</u>		370 CARRIER NAME <u>Veh #2</u>		371 CARRIER NAME <u>Veh #1</u>		372 CARRIER NAME <u>Veh #2</u>	
373 CARRIER NAME <u>Veh #1</u>		374 CARRIER NAME <u>Veh #2</u>		375 CARRIER NAME <u>Veh #1</u>		376 CARRIER NAME <u>Veh #2</u>		377 CARRIER NAME <u>Veh #1</u>		378 CARRIER NAME <u>Veh #2</u>		379 CARRIER NAME <u>Veh #1</u>		380 CARRIER NAME <u>Veh #2</u>	
381 CARRIER NAME <u>Veh #1</u>		382 CARRIER NAME <u>Veh #2</u>		383 CARRIER NAME <u>Veh #1</u>		384 CARRIER NAME <u>Veh #2</u>		385 CARRIER NAME <u>Veh #1</u>		386 CARRIER NAME <u>Veh #2</u>		387 CARRIER NAME <u>Veh #1</u>		388 CARRIER NAME <u>Veh #2</u>	
389 CARRIER NAME <u>Veh #1</u>		390 CARRIER NAME <u>Veh #2</u>		391 CARRIER NAME <u>Veh #1</u>		392 CARRIER NAME <u>Veh #2</u>		393 CARRIER NAME <u>Veh #1</u>		394 CARRIER NAME <u>Veh #2</u>		395 CARRIER NAME <u>Veh #1</u>		396 CARRIER NAME <u>Veh #2</u>	
397 CARRIER NAME <u>Veh #1</u>		398 CARRIER NAME <u>Veh #2</u>		399 CARRIER NAME <u>Veh #1</u>		400 CARRIER NAME <u>Veh #2</u>		401 CARRIER NAME <u>Veh #1</u>		402 CARRIER NAME <u>Veh #2</u>		403 CARRIER NAME <u>Veh #1</u>		404 CARRIER NAME <u>Veh #2</u>	
405 CARRIER NAME <u>Veh #1</u>		406 CARRIER NAME <u>Veh #2</u>		407 CARRIER NAME <u>Veh #1</u>		408 CARRIER NAME <u>Veh #2</u>		409 CARRIER NAME <u>Veh #1</u>		410 CARRIER NAME <u>Veh #2</u>		411 CARRIER NAME <u>Veh #1</u>		412 CARRIER NAME <u>Veh #2</u>	
413 CARRIER NAME <u>Veh #1</u>		414 CARRIER NAME <u>Veh #2</u>		415 CARRIER NAME <u>Veh #1</u>		416 CARRIER NAME <u>Veh #2</u>		417 CARRIER NAME <u>Veh #1</u>		418 CARRIER NAME <u>Veh #2</u>		419 CARRIER NAME <u>Veh #1</u>		420 CARRIER NAME <u>Veh #2</u>	
421 CARRIER NAME <u>Veh #1</u>		422 CARRIER NAME <u>Veh #2</u>		423 CARRIER NAME <u>Veh #1</u>		424 CARRIER NAME <u>Veh #2</u>		425 CARRIER NAME <u>Veh #1</u>		426 CARRIER NAME <u>Veh #2</u>		427 CARRIER NAME <u>Veh #1</u>		428 CARRIER NAME <u>Veh #2</u>	
429 CARRIER NAME <u>Veh #1</u>		430 CARRIER NAME <u>Veh #2</u>		431 CARRIER NAME <u>Veh #1</u>		432 CARRIER NAME <u>Veh #2</u>		433 CARRIER NAME <u>Veh #1</u>		434 CARRIER NAME <u>Veh #2</u>		435 CARRIER NAME <u>Veh #1</u>		436 CARRIER NAME <u>Veh #2</u>	
437 CARRIER NAME <u>Veh #1</u>		438 CARRIER NAME <u>Veh #2</u>		439 CARRIER NAME <u>Veh #1</u>		440 CARRIER NAME <u>Veh #2</u>		441 CARRIER NAME <u>Veh #1</u>		442 CARRIER NAME <u>Veh #2</u>		443 CARRIER NAME <u>Veh #1</u>		444 CARRIER NAME <u>Veh #2</u>	
445 CARRIER NAME <u>Veh #1</u>		446 CARRIER NAME <u>Veh #2</u>		447 CARRIER NAME <u>Veh #1</u>		448 CARRIER NAME <u>Veh #2</u>		449 CARRIER NAME <u>Veh #1</u>		450 CARRIER NAME <u>Veh #2</u>		451 CARRIER NAME <u>Veh #1</u>		452 CARRIER NAME <u>Veh #2</u>	
453 CARRIER NAME <u>Veh #1</u>		454 CARRIER NAME <u>Veh #2</u>		455 CARRIER NAME <u>Veh #1</u>		456 CARRIER NAME <u>Veh #2</u>		457 CARRIER NAME <u>Veh #1</u>		458 CARRIER NAME <u>Veh #2</u>		459 CARRIER NAME <u>Veh #1</u>		460 CARRIER NAME <u>Veh #2</u>	
461 CARRIER NAME <u>Veh #1</u>		462 CARRIER NAME <u>Veh #2</u>		463 CARRIER NAME <u>Veh #1</u>		464 CARRIER NAME <u>Veh #2</u>		465 CARRIER NAME <u>Veh #1</u>		466 CARRIER NAME <u>Veh #2</u>		467 CARRIER NAME <u>Veh #1</u>		468 CARRIER NAME <u>Veh #2</u>	
469 CARRIER NAME <u>Veh #1</u>		470 CARRIER NAME <u>Veh #2</u>		471 CARRIER NAME <u>Veh #1</u>		472 CARRIER NAME <u>Veh #2</u>		473 CARRIER NAME <u>Veh #1</u>		474 CARRIER NAME <u>Veh #2</u>		475 CARRIER NAME <u>Veh #1</u>		476 CARRIER NAME <u>Veh #2</u>	
477 CARRIER NAME <u>Veh #1</u>		478 CARRIER NAME <u>Veh #2</u>		479 CARRIER NAME <u>Veh #1</u>		480 CARRIER NAME <u>Veh #2</u>		481 CARRIER NAME <u>Veh #1</u>		482 CARRIER NAME <u>Veh #2</u>		483 CARRIER NAME <u>Veh #1</u>		484 CARRIER NAME <u>Veh #2</u>	
485 CARRIER NAME <u>Veh #1</u>		486 CARRIER NAME <u>Veh #2</u>		487 CARRIER NAME <u>Veh #1</u>		488 CARRIER NAME <u>Veh #2</u>		489 CARRIER NAME <u>Veh #1</u>		490 CARRIER NAME <u>Veh #2</u>		491 CARRIER NAME <u>Veh #1</u>		492 CARRIER NAME <u>Veh #2</u>	
493 CARRIER NAME <u>Veh #1</u>		494 CARRIER NAME <u>Veh #2</u>		495 CARRIER NAME <u>Veh #1</u>		496 CARRIER NAME <u>Veh #2</u>		497 CARRIER NAME <u>Veh #1</u>		498 CARRIER NAME <u>Veh #2</u>		499 CARRIER NAME <u>Veh #1</u>		500 CARRIER NAME <u>Veh #2</u>	
501 CARRIER NAME <u>Veh #1</u>		502 CARRIER NAME <u>Veh #2</u>		503 CARRIER NAME <u>Veh #1</u>		504 CARRIER NAME <u>Veh #2</u>		505 CARRIER NAME <u>Veh #1</u>		506 CARRIER NAME <u>Veh #2</u>		507 CARRIER NAME <u>Veh #1</u>		508 CARRIER NAME <u>Veh #2</u>	
509 CARRIER NAME <u>Veh #1</u>		510 CARRIER NAME <u>Veh #2</u>		511 CARRIER NAME <u>Veh #1</u>		512 CARRIER NAME <u>Veh #2</u>		513 CARRIER NAME <u>Veh #1</u>		514 CARRIER NAME <u>Veh #2</u>		515 CARRIER NAME <u>Veh #1</u>		516 CARRIER NAME <u>Veh #2</u>	
517 CARRIER NAME <u>Veh #1</u>		518 CARRIER NAME <u>Veh #2</u>		519 CARRIER NAME <u>Veh #1</u>		520 CARRIER NAME <u>Veh #2</u>		521 CARRIER NAME <u>Veh #1</u>		522 CARRIER NAME <u>Veh #2</u>		523 CARRIER NAME <u>Veh #1</u>		524 CARRIER NAME <u>Veh #2</u>	
525 CARRIER NAME <u>Veh #1</u>		526 CARRIER NAME <u>Veh #2</u>		527 CARRIER NAME <u>Veh #1</u>		528 CARRIER NAME <u>Veh #2</u>		529 CARRIER NAME <u>Veh</u>							

THE COOPER HEALTH SYSTEM
ONE COOPER PLAZA, CAMDEN, NJ 08103
(856) 342-2000
DISCHARGE SUMMARY

PATIENT NAME: Lamberty, Leonides

MRN#00557712 -2309

ADMISSION DATE: 11/25/02

DISCHARGE DATE: 11/26/02

ATTENDING PHYSICIAN: Joseph Karam, M.D.

HISTORY OF PRESENT ILLNESS: This is a 53-year-old patient restrained driver in a motor vehicle crash. The patient was complaining of head, neck, and anterior chest wall pain. Complained of tachypnea on arrival to trauma admitting. Denied abdominal pain. Does complain of some back pain. There was no reported loss of consciousness. Some question about amnesia due to a language barrier.

PAST MEDICAL HISTORY: Significant for anxiety and left lower extremity injury of some type.

MEDICATIONS: The patient takes Celexa.

SOCIAL HISTORY: Admits to tobacco and alcohol use. Denies illicit drugs.

FAMILY HISTORY: Negative.

PHYSICAL EXAMINATION: Showed he was a well-developed, well-nourished Hispanic male in moderate distress. Some hyperventilation. Vital signs were stable. No evidence of head or facial trauma. Pupils, equal and reactive to light. Tympanic membranes were clear. Neck showed some midline tenderness. Collar was in place. Anterior chest wall tenderness to palpation. Positive breath sounds bilaterally. Heart: Regular rhythm and rate. Abdomen: Soft, nontender, nondistended. Good bowel sounds. Pelvis was stable. Extremities: No obvious deformity or abrasion. He had some lower lumbar midline tenderness of the spine. Neurologically, he was awake, alert, and oriented with Glasgow Coma Scale of 15 with no focal deficits.

LABORATORY DATA: Within normal limits except for an elevated sodium of 150. Chest x-ray, cervical spine to C7, pelvic x-ray, thoracic, and lumbar spine films were all negative. CT Scan of the head was negative. CT Scan of the abdomen and pelvis showed no visceral injury. CT Scan of the cervical spine was also negative.

IMPRESSION: Chest wall contusion, back strain, neck strain.

HOSPITAL COURSE: The patient was admitted to the floor for pain control. The following day, the patient was afebrile. Vital signs were stable. Extremities were within normal limits. He was tolerating his diet and discharged to home.

DISCHARGE DIAGNOSIS: Chest wall contusion and neck sprain.

DISCHARGE MEDICATION: He was given a prescription for Percocet and told to take one to two tablets every 4 hours as needed for pain and Motrin 600 mg one pill three times a day for one day and then as needed.